

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** ImaginET Communications, Ltd.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** ImaginET Communications

**Address of Service Provider:** PO Box 172977, Arlington, TX 76003

**Name of Agent Designated to Receive Notification of Claimed Infringement:** MARK ALLEN

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

5305 Lookout Trail, Arlington, TX 76017

**Telephone Number of Designated Agent:** 817-516-0040

**Facsimile Number of Designated Agent:** 817-483-5040

**Email Address of Designated Agent:** mallen@imagin.net

**Signature of ~~Officer~~ or Representative of the Designating Service Provider:**

Date: 11-15-98

**Typed or Printed Name and Title:** MARK ALLEN, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

**NOV 20 1998**

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